

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017078

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 275Primary Registration District No. 3053Registrar's No. 83

FILED APR 17 1963

## 1. PLACE OF DEATH

-a. COUNTY

Phelps

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR  
TOWN Rolla

c. CITY

OR  
TOWN

Sligo Missouri

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Phelps Co. Memorial

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

Sligo, Missouri

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Shirley

John

Heift

4. DATE

Month

Day

Year

April

5, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-2-98

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Guard at Menard Prison

## 10b. KIND OF BUSINESS OR INDUSTRY

Print Guard

## 11. BIRTHPLACE (City and state or country)

Farina, Ill.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Heift

## 13b. MOTHER'S MAIDEN NAME

Not available

## 14. NAME OF HUSBAND OR WIFE

Dema Bell Heift

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates or

No

X

## 16. SOCIAL SECURITY NO.

90

## 17. INFORMANT

Mrs. S. J. Heift, Sligo, Mo.

Address

## 18. CAUSE OF DEATH (Enter only one cause per time to (b), and (c).

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

## INTERVAL BETWEEN

ONSET AND DEATH

18 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

Apr 4, 1963 to Apr 5, 1963 and last saw him alive on April 4  
3:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

## 23b. DATE

4-8-63

## 23c. NAME OF CEMETERY OR CREMATORY

Dillard Cem.

## 23d. LOCATION (City, town, or county)

Dillard, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

SPENCER FUNERAL HOME, Salem, Mo.

## 25. DATE RECD. BY LOCAL REG.

April 8, 1963

## 26. REGISTRAR'S SIGNATURE

Nadene L. Steele

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1 0817

2 0280

3

4 0

5 1

6

7 1

8 2

9 331X

10

11

12 1-0

13 1-0

JUN 11 1963

Dr. not available till 4/9/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stephen E. O'Brien

Licensed Embalmer No. 5181

P. O. Address Adams, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.